

## INSTRUCTIONS FOR COMPLETION OF PARENT'S DEPENDENCY AFFIDAVIT

*Please use the below instructions in completing the Parent's Dependency Affidavit. Failure to properly complete the affidavit may result in disapproval of the dependency request.*

**BLOCK 1 --** This block pertains to the servicemember claiming you as a dependent. Fill in the member's social security number in the block marked "SSN." If the member is retired, use the member's home address in lieu of this military address.

**BLOCK 2 --** This block pertains to the person being claimed as a dependent. If your spouse is deceased, write "DECEASED" in the "ADDRESS" portion of block 2A or 2B as appropriate.

**BLOCK 3 --** The marital relationship between yourself and your spouse. If your spouse is deceased, divorced or separated, please indicate the complete date the death, divorce or separation took place.

**BLOCK 4 --** Federal Income Tax information for the year prior to the submission of this affidavit. If you did not file a tax return, place an "X" in the box marked "NO" and move to block 5. If you did file a tax return, please include the city and state where filed and list the amount of GROSS INCOME REPORTED under either JOINT RETURNS or INDIVIDUAL RETURN as appropriate.

**BLOCK 5 --** If you and/or your spouse are employed, include information requested. If not, write the word "NONE." If not expected to be employed in the future, please explain, such as incapacitated, etc.

**BLOCK 6 --** List all children currently serving in the Armed Forces of the United States and their social security numbers. Include the servicemember claiming you as a dependent. Include all income provided by all your children who are servicemembers for your support on a monthly basis. If they are not providing any income for your support, write the word "NONE" in the box marked "MONTHLY CONTRIBUTIONS TO ME/US."

**BLOCK 7 --** List all other children not previously listed and their monthly contributions to your support. If they are not contributing to your support, write the word "NONE" in the block marked "MONTHLY CONTRIBUTIONS TO ME/US" for each child.

**BLOCK 8 --** If you are not residing with the servicemember claiming you as a dependent, please provide the requested information with regard to the person with whom you are currently residing. If you are paying room and board, list the amount you pay on a monthly basis. If you reside with the servicemember, provide servicemember's address.

**BLOCK 9 --** If you maintain your household, list the names, ages, relationships and room and board payments made to you for each person residing with you in your household.

**BLOCK 10--** List all your and your spouse's personal property and/or business equipment, vehicles (to include personal automobiles), cash (to include that in bank accounts), stocks and bonds, etc. Do not

include furniture or household equipment.

**BLOCK 11--** Include any and all debts owed by you and your spouse.

**BLOCK 12--** List all income received as indicated. If no income is received from a listed source, write the word "NONE" next to each applicable source. If you receive income from social security and the Veterans Administration, please indicate how much you receive and how much your children receive in the appropriate blocks.

Also with regard to social security, please attach the letter, or letters from the Social Security Administration which advised you of the amount, or amounts, you were awarded by that agency. If the letter, or letters, is not available, please indicate in block 19 of the affidavit the color of the social security checks you receive (checks should be either gold or green in color). You may possibly receive one of each color.

**BLOCK 13A--** Complete this block only if you maintain your own household. If you reside with the servicemember, disregard this block and have the servicemember attach a list of the servicemember's total monthly household expenses and the names and ages of each person living in the servicemember's household. This is absolutely necessary in order to determine your share of the servicemember's household expenses. Do not attempt to determine your own share of the servicemember's household expenses as the percentages allotted to the different members of the household are based ages, etc.

**BLOCK 13B--** These are your own personal expenses. If the servicemember pays any or all of these expenses, they should still be listed as your expenses. The amount the member pays for your expenses should be included in block 15 as part of the servicemember's contributions to you. If you are currently receiving medical care from the Government or military, include an estimate of what this medical care would cost if you had to receive it from civilian sources. List all expenses, whether it is appropriate or not. If you need additional room, use block 19 or attach a supplemental page.

**BLOCK 14 --** List all business expenses. Business income is listed in block 12.

**BLOCK 15 --** List all contributions provided for your support over the past 12 months by the servicemember claiming you as a dependent. Include allotments from the servicemember's pay and cash contributions.

**BLOCK 16 --** Any recent changes of circumstances which now make you dependent on the servicemember; e.g., illness, death of spouse, accident, surgery, etc. Include the nature of the changes of circumstances, the date of the changes and whether the changes are temporary or permanent.

**BLOCK 17 --** If additional expenses are being incurred in your farm or business due to the absence of the servicemember, so indicate.

**BLOCK 18 --** If your total income (total of blocks, 6, 7, 9 and 12) is less than your total expenses (blocks 13 and 14) explain how the additional expenses are being met or if they are not being met.

**BLOCK 19** --Any additional remarks you feel are appropriate. If sufficient room was not available in previous blocks, use this block but please indicate that the information is a continuation from a previous block. Additional supplementary sheets may be attached as necessary.

**BLOCK 20** --Sign the completed affidavit and any supplementary sheets in the presence of a Notary Public and attach it to the Marine's dependency application.